

PLACE OF BIRTH

1. County of Pima

District of _____

Town of Miami

or _____

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131County Registrar No. 467

Local Registrar No. _____

No. Miami Inspiration Hospital St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Edd. Naught { If child is not yet named, make supplemental report, as directed.3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Nov. 4 1928 Month Day Year

8. FATHER

Full name Edd Naught9. Residence (Usual place of abode) Payson Arizona

If nonresident, give place and state

10. Color or race White11. Age at last birthday 31 (Years)12. Birthplace (city or place) Texas

(State or country)

13. Occupation Ranch & Hunter

Nature of industry

14. MOTHER

Full maiden name Irma Marmou15. Residence (Usual place of abode) Payson Arizona

If nonresident, give place and state

16. Color or race White17. Age at last birthday 28 (Years)18. Birthplace (city or place) Attkin. Minn.

(State or country)

19. Occupation Housewife

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 021. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:45 P m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature John W. Packer

(Physician or midwife)

Address Miami Arizona

Given name added from a supplemental report

Month, day, year.

Filed Nov 12 1928

Filed _____ 19____

Registrar.

Local Registrar.

County Registrar.

11-11-28 945